

**LEBANON BOARD OF ASSESSMENT APPEALS**  
**REAL ESTATE APPEALS**

Pursuant to P.A. 95-283, of the State of CT, an application to appeal an assessment must be received and on file in the Assessor's Office **on or before February 20, 2016**. The board will not hold hearings on incomplete applications. All fields must be complete and the application must be signed. Please print or type.

**Grey box at bottom of page is for Board use only.**

**Applications may be sent to:**

Lebanon Board of Assessment Appeals  
c/o Assessor's Office  
579 Exeter Rd  
Lebanon, CT 06249

**PROPERTY OWNER**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT):**

\_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PROPERTY DESCRIPTION: REAL ESTATE**

**LOCATION:** \_\_\_\_\_

<b>GRAND LIST OF:</b> <b>2015</b>	<b>LIST #:</b>
<b>CURRENT ASSESSMENT:</b>	<b>APPELLANT'S ESTIMATE OF VALUE:</b>

**REASON FOR APPEAL (ATTACH DOCUMENTATION TO APPLICATION; APPRAISAL, COMPARABLE SALES...ETC.):**

\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature of Property owner or duly authorized agent*

*(Must attach evidence of authorization)*

**BOARD OF ASSESSMENT APPEALS APPOINTMENT:**

**DATE:**

**TIME:**

**PLACE:**

**APPEAL SUMMARY:**

\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENTS:** GRAND LIST ASSESSMENT: \_\_\_\_\_ BAA ASSESSMENT: \_\_\_\_\_

**TOTAL REDUCTION:** \_\_\_\_\_